



COUNTY OF FAIRFAX  
 Department of Planning and Zoning  
 Zoning Evaluation Division  
 12055 Government Center Parkway, Suite 801  
 Fairfax, VA 22035 (703) 324-1290, TTY 711  
[www.fairfaxcounty.gov/dpz/zoning/applications](http://www.fairfaxcounty.gov/dpz/zoning/applications)

APPLICATION No:

SP 2014-SP-207  
 (Staff will assign)

RECEIVED  
 Department of Planning & Zoning

MAR 31 2014

Zoning Evaluation Division

## APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME <u>XIMENA G. VELASQUEZ / XIMENA'S DAY CARE LLC</u>	
	MAILING ADDRESS <u>7202 HADLOW DR SPRINGFIELD, VA 22152</u>	
	PHONE HOME (703) <u>992-6776</u>	WORK ( )
	PHONE MOBILE (703) <u>606-2774</u>	EMAIL <u>Ximenavelasqu23@hotmail.com</u>
PROPERTY INFORMATION	PROPERTY ADDRESS <u>7202 HADLOW DR SPRINGFIELD, VA 22152</u>	
	TAX MAP NO. <u>0893 05 0583</u>	SIZE (ACRES/SQ FT) <u>9,718</u>
	ZONING DISTRICT <u>R-3C</u>	MAGISTERIAL DISTRICT <u>SPRINGFIELD</u>
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:	
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION <u>8-305</u>	
	PROPOSED USE <u>HOME CHILD CARE FACILITY</u>	
AGENT/CONTACT INFORMATION	NAME	
	MAILING ADDRESS	
	PHONE HOME ( )	WORK ( )
	PHONE MOBILE ( )	EMAIL
MAILING	Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact	
<p>The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.</p> <p><u>XIMENA G. VELASQUEZ</u> <u>Ximenavelasqu23@hotmail.com</u>          TYPE/PRINT NAME OF APPLICANT/AGENT SIGNATURE OF APPLICANT/AGENT</p> <p><u>Deborah Leslie Kirkston</u></p>		

DO NOT WRITE IN THIS SPACE

Date Application accepted:

September 16, 2014

Application Fee Paid: \$

435.00SP 2014-0254